

The CSC must use the risk indicator definitions below to verify the risk indicator and therefore determine the child's eligibility for CSCP services.

NOTE: A definition for #114 – MOW is not included in this document, as it is no longer a CSC Risk Indicator code.

The CSC must document whether the Risk Indicators on the I & R form have been verified and whether additional Risk Indicators have been identified. The NC Child Service Coordination Program Risk Indicator form was developed to assist the CSC meet this documentation requirement.

For additional information on the recommended forms used in the CSCP, which includes the Risk Indicator form, see the Best Practice Documents memo.

Glossary of Risk Indicators from the N. C. Child Service Coordination Program

Parent or Familial Indicators

- 100 Maternal Age <15 Years: Mother's age is less than 15 years at time of delivery.
- 101 Maternal Phenylketonuria (PKU): Mother whose blood phenylalanine is 10/mg/dl or more, or who has hyperphenylalanemia.
- 102 Mother HIV Positive: Mother with Human Immunodeficiency Virus (antibodies to HIV) or Acquired Immune Deficiency Syndrome (AIDS).
- 103 Maternal use of Anticonvulsants, Antineoplastic or Anticoagulant Drugs: This includes such drugs as warfarin (Coumadin R), and heparin.
- 104 Parental Blindness: Primary caregiving parent is blind.
- 105 Parental Substance Abuse: Birth mother during pregnancy or primary caregiving parent has been a habitual abuser of alcohol and/or drugs.
- 106 Parental Mental Retardation: Either parent has been diagnosed with mental retardation or developmental disability.
- 107 Parental Mental Illness: Either parent has a diagnosed illness such as severe depression, bipolar illness, schizophrenia, or borderline psychotic conditions.
- 108 Difficulty in Parent-Infant Bonding: Primary caregiving parent shows substantial lack of attention and interest in infant, withdrawal from, avoidance of or over stimulation of the infant or child associated with misreading the infant's early communications or cues; or parent does not give clear cues to the child.
- 109 Difficulty in Providing Basic Parenting: Substantial evidence that neither one of the child's parents is able to protect the child from injury and/or abuse, provide adequate physical care, form an ongoing, stable relationship with the child, and perceive and respond to the total child's changing needs and communications.
- 110 Lack of Stable Housing: Child's family lives on the street or in a vehicle, or moves from one dwelling to another with no permanent shelter, indicating a level of family disruption which may result in a non-facilitating environment for the child.
- 111 Lack of Familial and Social Support: Child and parent(s) have no family, friends, or other means of social support to whom they may turn in crises or to meet routine needs,
- 112 Family History of Childhood Deafness: Parents, grandparents, siblings, aunts, or uncles have experienced hearing impairment during their childhood.
- 113 Maternal Hepatitis B: Mother was positive for Hepatitis B at the time of delivery.

- 115 History of Abuse or Neglect of Parent: Parent reports a history of having experienced abuse or neglect as a child.

Neonatal Conditions

- 200 Birthweight <1500 grams: Infant's birthweight less than 1500 grams.
201 Gestation <32 weeks: Infant's gestational age was less than 32 weeks.
202 Respiratory Distress: Infant experienced respiratory distress requiring mechanical ventilator for more than 6 hours.
203 Asphyxia: Infant had experienced asphyxia (or Apgar score less than 3 at 5 minutes).
204 Hypoglycemia: Infant had serum glucose level under 25 mg/dl.
205 Hyperbilirubinemia: Infant has had a bilirubin blood level of greater than 20 mg/dl.
206 Intracranial Hemorrhage: Infant has had a subdural, subarachnoid, intraparenchymal or intraventricular hemorrhage (Grade II-IV).
207 Neonatal Seizures: Infant has had neonatal seizures.

Post-Neonatal Conditions

- 300 Suspected Visual Impairment: Infant is not able to make eye contact or to track visually after the first few weeks of life.
301 Suspected Hearing Impairment: Parent expresses concerns, the child fails a hearing screening, or presents with unresolved chronic otitis media, or presents with physical abnormality of the ear or oral-facial anomalies.
302 No Well-Child Care by Age 6 Months: No history of well-child care (including immunizations) reported during the infant's first 6 months of life.
303 Failure on Standard Developmental or Sensory Screening Test: Infant has a history of "abnormal" or repeated "suspect" findings and tests such as the Denver II Developmental Screening Test or Hearing Kit Questionnaire.
304 Significant Parental Concerns: Either parent expresses concern about the child's developmental competence, health or emotional well-being, (e.g., I'm worried that my child can't hear me" or "She is very hard to console and I never can satisfy her"), for which extended follow-up will be essential to address the presenting problem.
305 Suspected Abuse or Neglect: A local Department of Social Services agency has initiated an investigation on reports that the infant has been physically or sexually abused, or neglected.
306 Chronic Lung Disease: Persistent oxygen requirements beyond six months chronological age.

Diagnosed Conditions

- 400 Potential High Risk: To use this risk condition for children from birth to 36 months of age with the expectation that the child may qualify for the entitlements under the North Carolina Infant-Toddler Program, there must also be three risk indicators circled somewhere in the 100, 200 or 300 series. This code can be used alone for any child birth to 60 months of age when the Child Service Coordinator has clinical concerns about the child's health, developmental or social/emotional state in order to qualify the child for the Child Service Coordination Program.
- 401 Developmental Delay: Children from birth to 60 months of age whose development is delayed in one or more of the following areas: cognitive development; physical development including fine and gross motor function; communication development; social-emotional development; and adaptive development. The specific level of delay must be: a) for children from birth to 36 months, documented by a score of one and one-half standard deviations below the mean of the composite score (total test score) on standardized tests or by a 20 percent delay on instruments which determine scores in months in at least one of the above areas of development. b) for children from 36-60 months of age, documented by test performance two (2) standard deviations below the mean on standardized tests in one area of development or by performance that is one (1) standard deviation below the norm in two areas of development. Or it may be documented by a 25 percent delay in two areas on assessment instruments that yield scores in months. Note: Vision and hearing impairments are referenced in the High Risk Established eligibility category as codes 410 and 411, respectively.
- 402 Atypical Development: Children from birth to 60 months of age who demonstrate significantly atypical behavioral, socio-emotional, motor or sensory development such as: (1) Diagnosed hyperactivity, attention deficit disorders, autism, severe attachment disorders, other pervasive developmental disorders or other behavioral disorders. (2) Indicators of emotional and behavioral disorders such as: a) delay or abnormality in achieving emotional milestones such as attachment, parent-child interaction, pleasurable interest in adults and peers; ability to communicate emotional needs or ability to tolerate frustration; b) persistent failure to initiate or respond to most social interactions; c) fearfulness or other distress that does not respond to comforting by caregiver; d) indiscriminate sociability, for example, excessive familiarity with relative strangers; e) self-injurious or aggressive behavior. (3) Substantiated physical abuse, sexual abuse or other environmental situations that raise significant concern regarding the child's emotional well-being.
- 403 Chromosomal Anomaly/Genetic Disorder: Children from birth to 60 months of age diagnosed to have one or more familial disorders with developmental implications such as tuberous sclerosis, familial retardation syndromes, Down syndrome, Fragile X, hemoglobinopathies, Fetal Alcohol Syndrome.
- 404 Metabolic Disorder: Children from birth to 60 months of age who have a diagnosis of a metabolic disorder with developmental implications such as diabetes, cystic fibrosis, chronic renal failure, short bowel syndrome.
- 405 Infectious Disease: Children from birth to 60 months of age who have a diagnosis of an infectious disease that interferes with daily functioning for greater than three months a year or is likely to require hospitalization of more than one month a year such as AIDS, CMV, rubella, herpes, toxoplasmosis, syphilis.

- 406 Neurologic Disease: Children from birth to 60 months of age diagnosed to have any disorder known to affect the central nervous system, such as cerebral palsy, spina bifida, microcephaly, macrocephaly, seizures, bacterial or viral infection of the brain, inability to feed orally in a full-term infant or premature infant, persistent hypertonia or hypotonia.
- 407 Congenital Malformation: Children from birth to 60 months of age diagnosed to have any congenital disorder with developmental implications such as congenital heart disease, missing or deformed limbs, anatomic malformations involving the head and neck.
- 409 Toxic Exposure: Children from birth to 60 months of age with a confirmed venous blood lead level of 20 ug/dl or greater. Other toxic exposures may include such toxic materials as lye, medications, kerosene, alcohol (diagnosed Fetal Alcohol Effect) or illegal substances confirmed by a positive drug screen.
- 410 Vision Impairment: Children from birth to 60 months of age diagnosed with a visual impairment that cannot be corrected with treatment, surgery, glasses, or contact lenses.
- 411 Hearing Impairment: Children from birth to 60 months of age with any loss in hearing whether permanent or fluctuating, bilateral or unilateral, sensory or conductive manifested during the developmental period.